

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** SYCAMORE HOUSE (THE) (0009678)  
**Address:** 721 SOUTH SYCAMORE AVENUE, MARSHFIELD, WI 54449  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/08/2002  
**Regional Office:** NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History**

**Survey ID:** 0094922      **End Date:** 05/17/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009415    Served 05/27/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	08/18/2005	Yes

**Survey ID:** 0094623      **End Date:** 04/06/2005      **Type:** STANDARD      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009398    Served 04/25/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	07/25/2006	Yes

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Survey ID: 0093949      End Date: 11/18/2004      Type: OTHER      Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10009356    Served 01/15/2005**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	04/06/2005	Yes
88.05(4)(f)	RESIDENT INCAPABLE OF SELF EVACUATION	04/06/2005	Yes
88.06(2)(c)6	PERSONAL FUNDS	04/06/2005	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	04/06/2005	Yes
88.06(3)(f)	REVIEW OF ISP	04/06/2005	Yes
88.09(1)(d)11	RESIDENT FUNDS	04/06/2005	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	04/06/2005	Yes

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**Survey ID: 0093279      End Date: 08/20/2004      Type: STANDARD      Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10009325    Served 09/09/2004**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	04/06/2005	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	04/06/2005	Yes

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

Enforcement History
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<b>Date: 04/22/2005</b>	<b>SOD #10009398</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS

<b>Date: 01/14/2005</b>	<b>SOD #10009356</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
PROVIDE TRAINING

<b>Date: 09/08/2004</b>	<b>SOD #10009325</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH REQUIREMENT  
PROVIDE TRAINING

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Complaint History**

**Date Complaint Received: 04/19/2005**

**Date Investigation Completed: 05/17/2005**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
PHYSICAL PLANTS & SAFETY HAZARDS  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

10009415

**Date Complaint Received: 08/09/2004**

**Date Investigation Completed: 11/18/2004**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
ADMINISTRATION  
PROGRAM SERVICES

Result

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

10009356  
10009356  
10009356

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